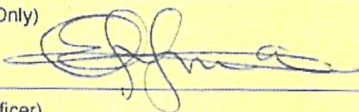




U.S. Department of State

**ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND  
AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE**

1. U.S. Department or Agency  STATE		2. Bureau or Service  AF		3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS	
4. Name of Allotter (Last, First, MI.)  EFIFENA TEDDY O.			5. Employee or Social Security Number  <del>374933</del> 202954371		
6. Duty Station  ABUJA		(City)  FCT		(Country)  NIGERIA	
7. NATURE OF ACTION REQUESTED  <input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input checked="" type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment					
Allotment Each Pay Period  5000		From:  0		To:  5000	
Type of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Saving					
Name and Address of Financial Institution  AMEEMCA UBA NIGERIA PLC NICON LUXURY ABUJA			Routing/EIN Number    Depositor Account Number  1020029833		
8. AUTHORIZATION BY ALLOTTER  I hereby request and authorize a regular allotment to be <input type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.					
A. Signature of Allotter in Full (Sign Original Only) 			Date (mm-dd-yyyy)  09/15/2021		
B. Countersigned (Allotter - Administrative Officer)			Date (mm-dd-yyyy)		
9. ADMINISTRATIVE ACTION  Appropriation   Date (mm-dd-yyyy)					
10. APPROVED, RECORDED, AND FORWARDED					
A. Title of Officer Responsible for Preparation of Payroll		B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies)		Date (mm-dd-yyyy)	
WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974					